MICHIGAN
Immunization Update

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MCIR receives two national awards at Registry Conference

The Michigan Childhood Immunization Registry (MCIR) has become an effective tool for public and private providers to use in their clinics and communities. Thanks to a great deal of hard work and perseverance at the community, local, and state levels, MCIR has been recognized as a national award-winning project.

The 4th annual National Immunization Registry Conference was held in Atlanta in October 2003. The fact that Michigan received two awards at the conference is especially impressive when you consider that there were a total of three awards presented to states.

The Protect Award was given to the Michigan Childhood Immunization Registry for its capability to assess and measure immunization levels.

Walter Orenstein, M.D., Director of the CDC National Immunization Program, presented the Grow Award to Therese Hoyle, statewide MCIR Coordinator, at the National Immunization Registry Conference in Atlanta.

MCIR can measure immunization rates at the clinic, county and state levels. MCIR levels have increased by 11 percent statewide since January 2002.

The Grow Award was presented to MCIR for its high public and private provider participation rates. MCIR has 2.8 million children and over 32 million shot records. In 1998, 46 percent of the providers registered submitted data to the registry. In 2002, 77 percent of 2,943 immunization providers submitted data to MCIR.

David R. Johnson, M.D., M.P.H., former Chief Medical Executive of the Michigan Department of Community Health (MDCH), presented at a plenary on "Protecting Michigan's Children using the Michigan Childhood Immunization Registry." MDCH staff and MCIR regional staff presented several workshops at the conference.

The CDC awards are currently being showcased at regional governance board meetings throughout Michigan.

The Michigan Department of Community Health's Immunization Program would like to thank you – the health care providers of Michigan – for using MCIR and making it a success.

Newsletter to be distributed electronically

What? No more paper copies of this newsletter? It may happen!

Due to budget constraints, it is possible that we may have to stop distributing paper copies of this newsletter. If you have email service, please sign up to receive the newsletter in an electronic format (as an Adobe Acrobat pdf file). It's easy to sign up. Simply send an email message to franklinr@michigan.gov. Enter the word SUBSCRIBE in the SUBJECT field. You will be added to the list. (People on this email listserv will receive the *Michigan Immunization Update* newsletters, MDCH Fall Regional Immunization Conferences brochures, and periodic informational mailings about immunization.)

No email service? Let us know!

If you would like to receive the newsletter and do not have access to email, please send a fax to Rosemary at (517) 335-9855. The fax should include your name, address, daytime phone number, and a note indicating that you do not have email service. Rosemary can also be reached by phone at (517) 335-9485.

Thanks for your help!

Inside

Michigan Department of Community Health

MDCH

Jennifer M. Granholm, Governor

Janet Olszewski, Director

Pneumococcal conjugate vaccine supply disrupted

CDC is recommending a reduced schedule of PCV7 vaccine for healthy children due to vaccine shortages. Children at increased risk of severe disease should continue to receive four doses of PCV7. The recommendations were published in CDC's *Morbidity and Mortality Weekly Report* (MMWR) on March 2. The article is posted on the CDC website at: www.cdc.gov/mmwr.

CDC has also posted a Q & A, dosage facts for parents, a press release, a schedule alert, and the MMWR article. These tools may be found at: www.cdc.gov/nip/news/shortages.

The Michigan Department of Community Health (MDCH) has also developed a PCV7 shortage assessment tool that providers may want to post in their offices (see page 15.)

To obtain a free electronic subscription to the MMWR, go to www.cdc.gov/mmwr. Select "Free Subscription" from the menu on the left of the screen. After you have submitted the required information, weekly issues of the MMWR will be sent to you automatically.

www.cdc.gov/nip/news/shortages

Keep your practice current

There is one axiom that we can always count on: "Change is constant." Given that truism, how in the world can you keep your practice current on immunization recommendations?

Let the Physician Peer Education Project on Immunization (PPEPI) bring updated immunization information to you. The free one-hour update sessions are designed to be presented to physicians, physician assistants, nurse practitioners, and other healthcare workers. Updates include information on the 2004 immunization schedules, 2004 vaccine recommendations, updated immunization coverage levels, and causes of under-vaccination. Physician trainers present the updates and provide handouts with useful up-to-date information.

Currently the program offers seven modules focused on the following areas: Pediatric, adolescent, adult, family practice, and OB/GYN. The physician trainers bring participants the latest information about influenza and varicella. These updates can be brought directly to participants through grand rounds, conferences, or office settings. All programs offer free CME and CEU credits for participants.

The experienced and knowledgeable physician trainers who are involved with this program are advocates of preventative health care, and are especially proactive in immunization.

Call Tammy Sullivan at (517) 432-8204 to schedule an update session or for more information. Let us help you stay current on immunization recommendations and practices. Do your part to keep Michigan children safe from vaccine-preventable diseases by staying up to date on immunization issues.

Order your 2004 AIM Kit today

Order online at:
http://hpclearinghouse.org

The Alliance for Immunization (AIM) Provider Tool Kit, which is updated on an annual basis, contains up-to-date tools and information for health care professionals who administer vaccines to their patients. This year's kit includes the *Recommended Childhood Immunization Schedule for 2004*, information on proper storage and handling of vaccines, documentation resources and much more. The materials in this kit are organized into four separate folders: Child/Adolescent Immunization, Adult Immunization, Talking to Families, and Vaccine Storage & Resources.

When you receive your 2004 AIM Kit, you'll want to spend a little time familiarizing yourself with the new kit so that you'll be able to make the best use of the many resources it contains.

You could win a free conference registration!

Enter the drawing by returning the post card that is attached to the front of the 2004 AIM Kit.

The deadline to enter the drawing is May 20.

The winner of last year's drawing was Georgette Peterson of Intercare in Bangor. Georgette attended the October 2003 conference in Kalamazoo absolutely free of charge!

To enter your name in the drawing for a free registration to the MDCH regional immunization conference of your choice, simply return the response post card that is included in the front of your 2004 AIM Kit. Be sure to include information on how we can contact you in case we draw your name. To be eligible for this drawing, post cards must be postmarked by May 20th. The drawing will be held on May 27th and the winner will be notified at that time.

Please keep in mind that even when the drawing is over, we still ask that you return the response post card that is included on the front cover of the AIM Provider Tool Kit. We use the response post cards as part of our evaluation process.

When you receive your new kit, please recycle your old AIM Kit, thereby ensuring that you are using only the most up-to-date information.

To all the sponsors who funded the 2004 AIM Kit, thank you for making this year's kit possible. We appreciate your support. We couldn't do it without you!

Sponsors

- Aventis Pasteur
- Blue Care Network
- Bon Secours Cottage Health Services
- Botsford General Hospital
- CAPE Health Plan
- Care Choices HMO
- DeVos Children's Hospital - A Member of Spectrum Health
- Genesys Health System
- GlaxoSmithKline
- Great Lakes Health Plan, Inc.
- Health Alliance Plan
- HealthPlus of Michigan
- Henry Ford Health System - Department of Pediatrics
- Marquette General Health System
- M-CARE
- Michigan Chapter of the American Academy of Pediatrics
- Michigan Health & Hospital Association
- Michigan State Medical Society
- Midwest Health Plan, Inc.
- Molina Healthcare of Michigan
- OmniCare Health Plan
- Priority Health
- Providence Hospital and Medical Centers
- Saint John Health
- Saint Joseph Mercy Health System
- Sinai-Grace Hospital/Detroit Medical Center
- University of Michigan/C.S. Mott Children's Hospital
- Wyeth Vaccines

If your organization's name is not included in this list, would you please consider becoming a sponsor of next year's AIM Kit? To get information on how your organization could become a sponsor for the annually updated AIM Kit, call Therese McGratty at (313) 456-4431.

The 2004 AIM Kits are now available. You may order your free AIM Kit online at this website:

http://hpclearinghouse.org.

If ordering online is not convenient for you, use the order form provided in this newsletter on pages 13-14 or call our toll-free number at (888) 76-SHOTS.

Conference to be held in Detroit this fall

Seven regional conferences will be held this fall

The Michigan Department of Community Health will offer seven regional immunization conferences this fall. For the first time ever, one of the annual conferences will be held at Cobo Conference Center in downtown Detroit.

Physician speakers

The speakers will include three physicians, one of whom will be speaking at each conference location. Each physician will give a *Pediatric Vaccine Update* presentation and will participate in a one-hour *Troubleshooting Panel* session, during which a panel of immunization experts will answer audience questions on a variety of immunization issues. The *Troubleshooting Panel* will be made up of a physician, a representative of the MDCH Immunization Program, and an immunization nurse educator from one of the local health departments in the region of the state where the conference is being held.

William Atkinson, M.D., M.P.H.

William Atkinson, M.D., M.P.H., is scheduled to speak at the conferences in East Lansing, Troy, and Detroit. Dr. Atkinson is a medical epidemiologist with the National Immunization Program at the Centers for Disease Control and Prevention. He is the principle writer and presenter for numerous national satellite broadcasts on vaccine-preventable diseases, as well as the author or co-author of 38 publications on vaccine-preventable diseases, including the *Epidemiology and Prevention of Vaccine-Preventable Diseases* textbook.

Sharon Humiston, M.D., M.P.H.

Sharon Humiston, M.D., M.P.H., is scheduled to speak at the conferences in Ypsilanti and Kalamazoo. Dr. Humiston is an associate professor of Emergency Medicine and Pediatrics at the University of Rochester School of Medicine and Dentistry. Formerly, she served the CDC National Immunization Program as an immunization educator for primary care providers. She has co-authored many peer-reviewed articles on immunization and a popular book called, *Vaccinating Your Child: Questions and Answers for the Concerned Parent*.

David Luoma, M.D.

David Luoma, M.D., will be speaking at the Gaylord and Marquette conferences. Dr. Luoma is a practicing Family Physician, Assistant Dean for the MSU College of Human Medicine, and CEO of the Upper Peninsula Health Education Corporation, which runs the Medical school campus and Marquette General's Family Practice Residency. Dr. Luoma also provides immunization updates to physicians through the Physician Peer Education Project on Immunization. Dr. Luoma is very proactive in immunizations and a great believer and advocate of preventative health care. He has spoken at many MDCH immunization conferences in the past, and has frequently reminded the conference attendees: "Never apologize to a parent for giving her or his child a vaccine. You are doing something *good* for that child!"

Additional speakers

Representatives from the Michigan Department of Community Health, local health departments, and community providers will also be presenting at the conferences.

For more information

Conference brochures will be distributed by the end of May. In an effort to cut costs, we prefer to send these out by email.

- If you would like a copy of the conference brochure, send an email message to franklinr@michigan.gov. Enter the word SUBSCRIBE in the SUBJECT field. You will be added to the list.
- If you would like a copy of the conference brochure and do not have access to email, please send a fax to Rosemary at (517) 335-9855. The fax should include your name, address, daytime phone number, and a note indicating that you do not have email service (this will be helpful information for our office). Rosemary can also be reached by phone at (517) 335-9485.

Once you have received your conference brochure, we encourage you to register early since space is limited. (Registrations will not be accepted before the conference brochures are mailed out in May.)

Conference dates and locations are listed on page 5

2004 conference dates and locations

Continued from page 4

Oct. 5
Treetops Conference Ctr.
Gaylord
Physician speaker:
David Luoma, M.D.

Oct. 7
Northern Michigan University
Marquette
Physician speaker:
David Luoma, M.D.

Oct. 19
Michigan State University
East Lansing
Physician speaker:
William Atkinson, M.D., M.P.H.

Oct. 21
M.S.U. Management Education Ctr. - Troy
Physician speaker:
William Atkinson, M.D., M.P.H.

Oct. 22
Cobo Conference Ctr.
Detroit
Physician speaker:
William Atkinson, M.D., M.P.H.

Nov. 1
Eastern Michigan University
Ypsilanti
Physician speaker:
Sharon Humiston, M.D., M.P.H.

Nov. 3
Western Michigan University
Kalamazoo
Physician speaker:
Sharon Humiston, M.D., M.P.H.

More than 1,200 participants attended the Fall 2003 immunization conferences

The six regional immunization conferences held in Michigan last fall attracted more than 1,200 health care professionals. The Michigan Department of Community Health's Immunization Program strives to make the annual conference accessible to as many health care professionals as possible by taking the one-day conference on a road trip to a number of different cities throughout the state. The 2003 conferences were held in Gaylord, Marquette, East Lansing, Kalamazoo, Troy, and Ypsilanti during September and October. Dr. Atkinson spoke at the Troy and East Lansing conferences, Dr. Humiston spoke at the Kalamazoo and Ypsilanti locations, and Dr. Luoma spoke at the Marquette conference.

Planning is underway for the 2004 conferences. Vaccine update presentations will be offered on both childhood and adult vaccines. Other sessions will include: Helping Families with Questions about Childhood and Adult Vaccines (two separate topics), Vaccine Preventable Disease Update, Troubleshooting Panel (Question and Answer Panel), Michigan Childhood Immunization Registry (MCIR) Update, Influenza Surveillance Update, Strategies for Influenza Immunization, and the Michigan Disease Surveillance System (MDSS).

AFIX program offers free conference registrations

All practices that receive an AFIX Immunization Record Assessment from MDCH in 2004 will be offered one free registration to attend the Michigan Department of Community Health 2004 Fall Regional Immunization Conference.

For more information, call Stephanie Sanchez, MDCH Immunization Assessment Coordinator at (517) 335-9011.

HIPAA allows MDCH staff to review patient records

Under 45 CFR § 164.512(b) of the HIPAA Privacy Rule, covered entities may disclose protected health information without authorization to public health authorities that are authorized by law to collect such information for public health purposes. AFIX, authorized under section 317 of the Public Health Service Act, is a public health strategy to raise immunization coverage levels and improve standards of practices at the provider level. Immunization providers, as covered entities, may share patient records with health department staff or their contractors because a health department is a public health authority authorized by law to review patient records for AFIX purposes, or because health department contractors are acting under a grant of authority from a public health authority.

More information about HIPAA is available at:
www.cdc.gov/nip/policies/hipaa/

2004 Childhood and Adolescent Immunization Schedule

The Advisory Committee on Immunization Practices (ACIP) published the *2004 Childhood and Adolescent Immunization Schedule* in January. The schedule has been included on page 12 and can also be found on the CDC website at www.cdc.gov/nip. The current schedule is a 6-month schedule, effective through June 2004. The reason for the six-month schedule is that the ACIP will be publishing a new schedule in June to reflect the updated recommendation for influenza vaccine for children 6-23 months old beginning in Fall 2004 for the 2004-2005 flu season.

The following changes have been made in the *2004 Childhood and Adolescent Immunization Schedule*:

- The schedule indicates a change in the recommendation for the minimum age of the last dose in the hepatitis B immunization schedule. The last dose in the vaccination series should not be administered before age 24 weeks (updating the previous recommendation to not administer the last dose prior to age 6 months);*
- The range of recommended ages for the adolescent Td vaccine dose has been updated to emphasize a preference for immunizing at age 11-12 years with ages 13-18 years to serve as a catch-up interval;
- Clarification was added to the footnotes for the timing of the final vaccine doses in the series for diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine, *Haemophilus influenzae* type b (Hib) conjugate vaccine, and pneumococcal conjugate vaccine (PCV). The final dose in the DTaP series should be given at ≥4 years. The final doses in the Hib and PCV series should be given at age ≥12 months.
- An intranasally administered live, attenuated influenza vaccine (LAIV) is approved for use in the United States. For healthy persons age 5 to 49 years, LAIV is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV).

For the 2003-2004 influenza season, healthy children aged 6-23 months were encouraged to receive influenza vaccine when feasible. Children in this age group are at substantially increased risk for influenza-related hospitalizations. The ACIP is now recommending that beginning in fall 2004, all children aged 6-23 months receive influenza vaccine every year. An updated childhood and adolescent immunization schedule for July–December 2004 will be released to reflect this change.

The ACIP also issued a catch-up immunization schedule for children and adolescents who start late or who are more than 1 month behind in immunizations. The catch-up schedule was introduced for the first time in 2003 and remains the same in content.

The catch-up schedule is available at the CDC website:

www.cdc.gov/nip

The *2004 Childhood and Adolescent Immunization Schedule* is included on page 12.

The schedule has been approved by the ACIP, the American Academy of Pediatrics, and the American Academy of Family Physicians.

The current immunization schedules for children, adolescents and adults are posted on the CDC website at:

www.cdc.gov/nip.

** see related article on hepatitis B recommendations on page 7*

Keep your practice current with these free opportunities

AFIX Immunization Record Assessment – contact Stephanie Sanchez at (517) 335-9011

Physician Peer Education – contact Tammy Sullivan at (517) 432-8204

Immunization Update for Office Staff – contact Rosemary Franklin at (517) 335-9485

Hepatitis A-E – contact Pat Fineis at (800) 964-4487 or (517) 335-9443

Minimum age for the last dose of hepatitis B vaccine has changed

On October 15-16, 2003, the Advisory Committee on Immunization Practices (ACIP) voted to change the minimum age the last dose of hepatitis B vaccine (third or fourth dose)* could be given from 6 months of age to 24 weeks of age.

The following indicates the minimum intervals acceptable for administering hepatitis B vaccine:

- One month (28 days minimum) between doses #1 and #2
- Two months (56 days minimum) between doses #2 and #3
- Four months (112 days minimum) between doses #1 and #3 and must be at least 24 weeks of age (168 days minimum)

Dose #3 or 4 must not be given before 24 weeks of age (168 days minimum).

The Michigan Childhood Immunization Registry (MCIR) has been modified to accept the new minimum interval.

The School Immunization Record Keeping System (SIRS) will not be modified at this time. SIRS will eventually be updated to reflect the change, but the date has not yet been determined.

Please review your written policies/ standing orders and update them to reflect the new recommendations. If a third or fourth dose of hepatitis B vaccine is administered after 24 weeks of age and meets the other minimum intervals listed above, the dose does not need to be repeated.

If you have any questions, contact your immunization field representative or Pat Fineis at Fineisp@michigan.gov or call (517) 335-9443 or (800) 964-4487. In southeast Michigan, contact Sallie Pray at Prays@michigan.gov or call (313) 456-4432.

* Babies receiving the birth dose of hepatitis B vaccine and three additional doses of hepatitis B vaccine – usually due to the use of a combination vaccine – may receive the fourth dose at or after 24 weeks of age assuming all minimum intervals have been met.

Vaccine safety article by Dr. Paul Offit posted on the *Pediatrics* website

Reprinted from the IAC Express, the Immunization Action Coalition's online newsletter (Issue 434, January 5, 2004)

On December 6, 2003, AAP's journal "Pediatrics" published "Addressing Parents' Concerns: Do Vaccines Contain Harmful Preservatives, Adjuvants, Additives, or Residuals?" which was written by Paul A. Offit, M.D., and Rita K. Jew, PharmD. The article summarizes the authors' review of the data. The abstract is reprinted below.

Vaccines often contain preservatives, adjuvants, additives, or manufacturing residuals in addition to pathogen-specific immunogens. Some parents, alerted by stories in the news media or information contained on the Internet, are concerned that some of the substances contained in vaccines might harm their children. We reviewed data on thimerosal, aluminum, gelatin, human serum albumin, formaldehyde, antibiotics, egg proteins, and yeast proteins. Both gelatin and egg proteins are contained in vaccines in quantities sufficient to induce rare instances of severe, immediate-type hypersensitivity reactions. However, quantities of mercury, aluminum, formaldehyde, human serum albumin, antibiotics, and yeast proteins in vaccines have not been found to be harmful in humans or experimental animals.

To access a web-text (HTML) version of the complete article, go to: http://pediatrics.aappublications.org/cgi/content/full/112/6/1394

To access a ready-to-copy (PDF) version, go to: http://pediatrics.aappublications.org/cgi/reprint/112/6/1394.pdf

Pediatrics website:
http://pediatrics.aappublications.org

2 million in Michigan sweat out power outage

"2 million in Michigan sweat out power outage" shouted the front page of the Detroit News on Friday, August 15, 2003. The massive power outage, which occurred around 4 p.m. EDT Thursday, August 14, shut off the lights and made air conditioners useless for more than 2 million customers from southeastern Michigan north to Lansing. Power was affected in eight states, from the eastern seaboard to Michigan and Ohio, as well as parts of Ontario.

Those of you who were affected certainly remember where you were when the power went out. But more importantly, do you remember if your office or clinic lost any vaccine due to the power outage?

The extent and duration of the power outages varied across and within states. Power was restored in many areas within a few hours; however, in others, the power outage lasted for a day or longer. No state depot or commercial vaccine distributor experienced vaccine loss, though some vaccine was wasted during shipping.

In Michigan, vaccines with a total value of $165,000 were lost due to the power outage. Macomb, Monroe, St. Clair, Wayne, Oakland, and Washtenaw counties, and Detroit were the areas most affected by vaccine losses. Due to quick action and emergency plans being in place, only 4 percent of the vaccines that were stored at local health department sites were compromised. Most of this loss was varicella vaccine. Varicella may only be moved with dry ice or a portable freezer that is designed to reach 5 degrees F or less. Many of the providers who had identified a source for dry ice in their emergency planning found that the place of business was closed or was unable to provide the dry ice needed for the transport of the vaccine.

> Having an emergency plan in place proved to be a major factor in saving vaccines.

Many physicians' offices were able to take advantage of the emergency response plans they had already developed to respond to this urgent situation. By having these plans, providers already had mechanisms in place to transport their vaccines to places with back-up generators such as hospital pharmacies, where the vaccine was safeguarded. These plans greatly reduced the amount of vaccine lost due to this massive power outage.

One of the affected local health departments called all of its Vaccines for Children (VFC) providers to make sure that they knew how to take care of their vaccines. Many providers, both public and private, later commented that having a generator available provided safe temperature ranges during the power failure.

Lessons learned

- Immunization providers, in consultation with public health or individual vaccine manufacturers, used the manufacturers' help lines to determine which vaccines, if any, in their practices should not be used.
- Providers who receive vaccine from state or local public health programs returned compromised vaccine for excise tax credit.
- Providers are working to develop a written emergency plan if they did not already have a plan in place. Local health departments can provide technical guidance in developing emergency plans.

Prepare for the safe storage and handling of vaccines in the event of a power failure. Complete your Emergency Response Plan and Worksheet from the VFC Resource Book or the 2004 AIM Kit.

If your practice does not have a completed Emergency Response Plan, it needs to be completed ASAP. Remember: If you fail to plan, you plan to fail.

If you haven't received your 2004 AIM Kit yet, you may order it online at:

http://hpclearinghouse.org.

If ordering online is not convenient for you, use the order form provided in this newsletter on pages 13-14 or call the toll-free number at (888) 76-SHOTS.

See additional tips on page 9

If the power goes out:

√ Complete and follow the Emergency Response Plan and Worksheet.

√ DO NOT automatically discard vaccine that has been compromised.

√ Mark exposed vaccine and store separately from undamaged vaccines; storing appropriately in a refrigerator/freezer.

An effective emergency plan:

- designates personnel with 24-hour access to where the vaccines are stored;
- identifies the steps to follow to assure proper storage and handling of vaccines after an emergency has occurred;
- identifies an alternate power source (generator) if the clinic does not have one or alternate storage units or facilities (nearby hospital, fire department, other provider's office);
- identifies procedures that allow access to alternate facilities; and
- includes instructions indicating that a cooler must be kept in the office, containing copies of the emergency plan, an emergency response worksheet, and a flashlight.

Holland Pediatrics receives MCIR 2003 Site of Excellence award

Contributed by Karen McGettigan, Region 2 MCIR Coordinator

The winner of the Region 2 2003 Site of Excellence award is Holland Pediatric Associates, P.C., of Holland. This medical practice has proven to be exemplary in their use of the Michigan Childhood Immunization Registry (MCIR). The award was presented to the office staff in July 2003 at their office. Dr. David W. Chamness accepted the award on behalf of the entire staff. There were more than fifty staff members in attendance.

Presenting the award on behalf of the Region 2 Governance Board was Beverly Solik, Director of Kalamazoo County Community Health Services Bureau and a MCIR Region 2 Governance Board member. "This office is a stellar example of what can be done when emphasis is placed on the importance of immunization practice throughout the organization," said Beverly.

All staff (clinical, clerical, billing, administrative and provider) is involved in the immunization process throughout the office. The office culture reflects the importance that each staff member places on the immunization process.

In the reception area there is a bulletin board displaying images of vaccine-preventable diseases and related information. The nurses' immunization drawing station displays pertinent immunization-related information (such as minimum spacing guidelines and other resources) for reference.

Each workstation contains personal computers that have a desktop shortcut to MCIR for easy access to the system. Provider profile reports are used consistently for assessment of immunization status as well as for a teaching tool for new nurses.

This practice has over 9,000 children in the MCIR system. They upload all patient immunization data (approximately 1,000 records per month) as well as all legacy data on patients up to 20 years old. During the award application, they had an impressive 729 children in the 19-35 month-old age range, with 646 (89 percent) up-to-date on their immunizations. (This reflects the percentage of children protected with 4 doses of DTaP, 3 doses of polio, 3 doses of Hib, 1 dose of MMR, 3 doses of hepatitis B, and 1 dose of varicella vaccine, which is also referred to as the 4:3:3:1:3:1 series.)

Congratulations to Holland Pediatric Associates for this outstanding achievement.

Congratulations to Holland Pediatric Associates for their dedication to following high standards of patient care.

Sparrow Family Practice Residency program uses MCIR to improve its immunization rates

Contributed by Barbara Ketchum, Community Health Representative for Disease Control, Ingham County Health Department, MCIR Region 3

The Sparrow Family Practice Residency program's dedicated staff are strong believers in the positive benefits of the Michigan Childhood Immunization Registry (MCIR). They have made a commitment to assure that their children are up to date for all routine childhood immunizations and are using MCIR everyday to achieve that goal.

It wasn't always that way. The Sparrow Family Practice Residency program currently operates out of two offices located in Lansing and Mason. The program includes approximately 30 residents, as well as attending physicians. The Mason practice started using MCIR much earlier than the much larger Lansing practice (Sparrow Central), which had many challenges to overcome. Originally, Sparrow Central had some difficulties accessing MCIR due to incompatibility problems between their computer system and MCIR. However, now that MCIR is a web-based system, Sparrow Central is easily able to use MCIR.

In 2002, the St. Lawrence Residency Program was incorporated into the Sparrow Central location, increasing the size of the practice substantially. Although there were many challenges involved with integrating new personnel into an established practice, important pieces of the MCIR equation began to fall into place. The St. Lawrence staff had been reporting to MCIR using paper trail. They had realized the benefit of being able to find immunizations given by other practices documented in MCIR. The combined staff wanted to assure quality and consistency in immunization reporting as the client records were merged. As the computer glitches were worked out, the Ingham County Health Department offered to assist Sparrow Central to get started. The Region 3 data quality specialist came to the practice, pulled records for children under three years of age and entered them into MCIR.

At last, Sparrow Central was able to connect to MCIR Link. Initially, four nurses were trained to use MCIR and began entering shot records for every child that came in for immunizations. By September 2002, both sites began to look seriously at their statistics. They were shocked to discover that the MCIR assessment for children who were 19-36 months of age was under 50 percent. (This reflects the percentage of children protected with 4 doses of DTaP, 3 doses of polio, 3 doses of Hib, 1 dose of MMR, 3 doses of hepatitis B, and 1 dose of varicella vaccine, which is also referred to as the 4:3:3:1:3:1 series.) Initially, they felt that MCIR was wrong. But then they decided to take it personally as a team and made a commitment to improve those statistics by incorporating childhood immunizations and MCIR data entry compliance into their 2003 Performance Improvement Plan. The plan included: identification of problems with immunization practices, clarification of expectations for MCIR data entry and follow-up, MCIR training for additional staff, data quality improvement, and participation in MCIR Reminder/Recall. The combined goal for both practices was set at 75 percent.

The effect of the new approach quickly became apparent .The project was launched with the Pediatric Immunizations inservice presented by Joy Maloney, R.N., from the Ingham County Health Department. The staff was very tuned in to checking immunization status at every visit and MCIR became an important partner in the drive for improvement. Whenever possible, shots were entered while the patient was in the office and the MCIR printout was given to the parent. The MCIR assessment was incorporated as an invaluable tool for eliminating missed opportunities or incorrect spacing of immunizations. Each month, a profile list was printed. The chart record and MCIR were compared and updated for every child on the list. If shots were due, the nurse followed up immediately with the parent.

Clinical Practice Manager Chris Beaver, R.N., reports that all the hard work has paid off. The initial goal was surpassed within 6 months, with a combined assessment of 81 percent, but this isn't the end to the challenge. A commitment has been made to keep immunizations a priority. The new assessment goal is to exceed 95 percent. Charge Nurse Diane Cortis, R.N., adds that nurses keep the AIM Kit close by and are encouraged to call the health department whenever there is a question. Now, keeping immunizations up to date is everyone's responsibility.

Congratulations to the Sparrow Family Practice Residency program for this outstanding achievement.

Pertussis cases more than double in 2003

A provisional total of 137 pertussis cases were reported in Michigan in 2003, more than twice the number in 2002. About one-third of cases occurred in infants less than 1 year of age, and another third of cases occurred in adults. All age groups saw an increase in the number of cases from 2002.

Pertussis is a prolonged and sometimes severe cough illness caused by the bacterium Bordetella pertussis, which can infect persons of any age. Infection causes a wide spectrum of illness, ranging from mild or unrecognized to severe. Although generally mild in adolescents and adults, pertussis can cause substantial morbidity, including weight loss, incontinence, rib fracture, conjunctival hemorrhage, pneumonia, and worsening of pre-existing medical conditions.

Severe pertussis is most common among young infants whose atypical presentation with apnea and bradycardia sometimes results in delays in diagnosis. Infants are at highest risk of complications and death from pertussis. In about two-thirds of reported cases, infants are hospitalized for respiratory and nutritional support, or for complications including seizures and pneumonia. Ten to fourteen deaths from pertussis were reported annually in the United States during the 1990s, primarily among infants.

The reasons for the upswing in cases in Michigan in 2003 are not clear. Several other states have also reported an increase in 2003. Pertussis occurs in cycles with peaks of disease every 3-4 years. Nationally, more than 9,000 cases and 22 deaths from pertussis were reported to CDC in 2002, a peak year. Vaccine-induced immunity wanes over 5-10 years, resulting in increasing susceptibility among persons > 10 years of age. Outbreaks of pertussis occur on a regular basis among populations that have an increasing number of susceptible persons, usually the very young, the unvaccinated, and older children and adults with waning vaccine-induced immunity. Undoubtedly, many cases among adolescents and adults are not recognized.

The focus and highest priority for public health control efforts should be on preventing transmission to infants by: 1) on-time vaccination of infants with DTaP and 2) antibiotic prophylaxis for infected or potentially infected persons to prevent transmission to infants. Currently, no vaccine to prevent pertussis is available in the United States for persons 7 years of age and older.

Additional information on clinical and public health aspects of pertussis is available via the internet at www.cdc.gov/ncidod/dbmd/diseaseinfo/pertussis_t.htm

Put your practice or clinic in this newsletter

The *Michigan Immunization Update* staff would like to include more articles that feature local programs, practices, or events. Would you like to contribute an article? We would love to hear from you. For more information, contact Rosemary Franklin, editor of the *Michigan Immunization Update*, at (517) 335-9485 or franklinr@michigan.gov

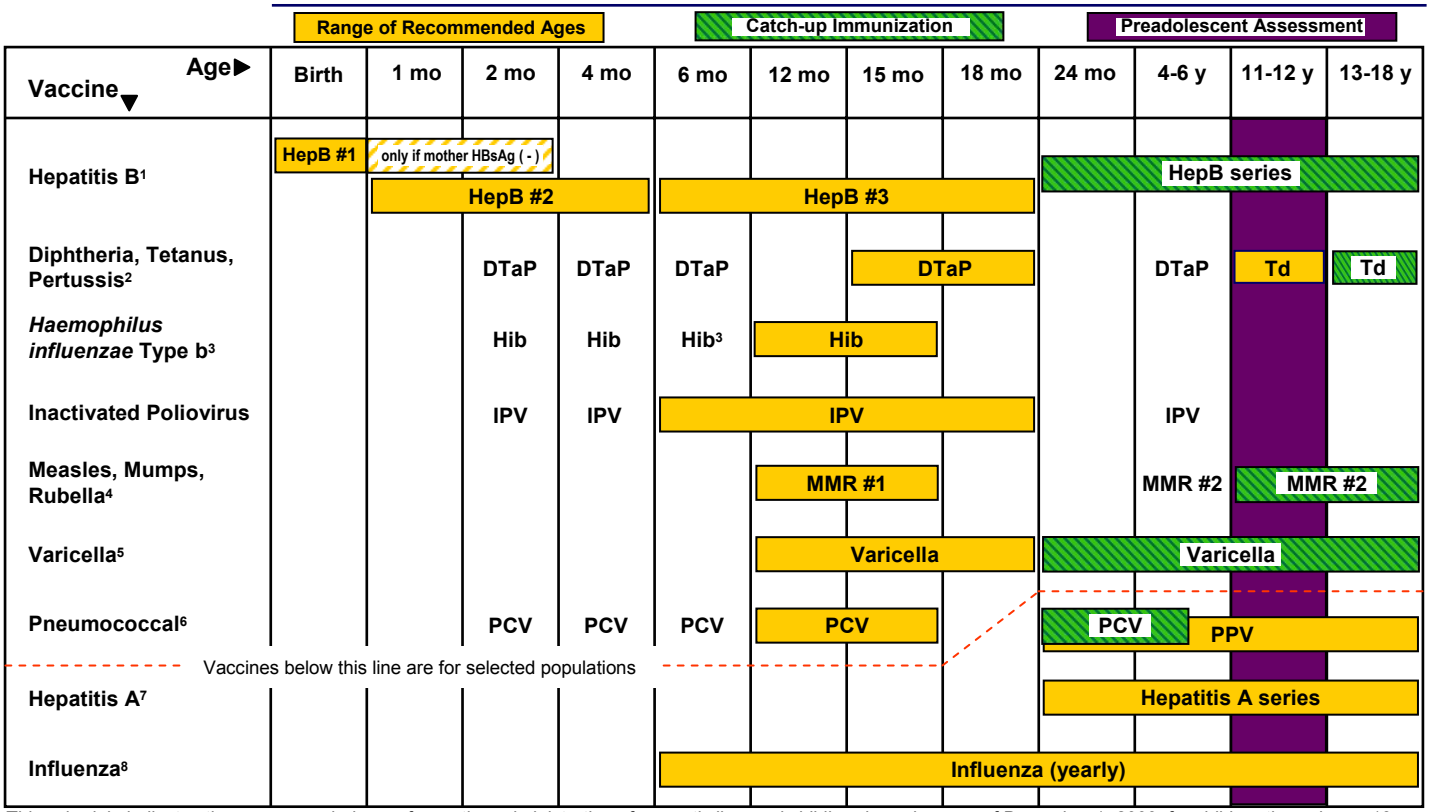
We will print a photo of your office staff in our newsletter, if we have the space.

Number of reported cases of vaccine preventable diseases, Michigan 2004

(Year-to-date as of 3/13/04)

Disease	Total cases, year-to-date
Congenital rubella syndrome (CRS)	0
Diphtheria	0
H. influenzae invasive disease	8
Hepatitis B	25
Measles	0
Mumps	0
Pertussis	21
Poliomyelitis	0
Rubella	0
Tetanus	0

Recommended Childhood and Adolescent Immunization Schedule — United States, January – June 2004



This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2003, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible. Indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form can be found on the Internet: http://www.vaers.org/ or by calling 1-800-822-7967.

1. Hepatitis B (HepB) vaccine. All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge; the first dose may also be given by age 2 months if the infant's mother is hepatitis B surface antigen (HBsAg) negative. Only monovalent HepB can be used for the birth dose. Monovalent or combination vaccine containing HepB may be used to complete the series. Four doses of vaccine may be administered when a birth dose is given. The second dose should be given at least 4 weeks after the first dose, except for combination vaccines which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the vaccination series (third or fourth dose) should not be administered before age 24 weeks.

Infants born to HBsAg-positive mothers should receive HepB and 0.5 mL of Hepatitis B Immune Globulin (HBIG) within 12 hours of birth at separate sites. The second dose is recommended at age 1 to 2 months. The last dose in the immunization series should not be administered before age 24 weeks. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) at age 9 to 15 months.

Infants born to mothers whose HBsAg status is unknown should receive the first dose of the HepB series within 12 hours of birth. Maternal blood should be drawn as soon as possible to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than age 1 week). The second dose is recommended at age 1 to 2 months. The last dose in the immunization series should not be administered before age 24 weeks.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15 to 18 months. The final dose in the series should be given at age ≥4 years. **Tetanus and diphtheria toxoids (Td)** is recommended at age 11 to 12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.

3. *Haemophilus influenzae* type b (Hib) conjugate vaccine. Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB or ComVax [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4 or 6 months but can be used as boosters following any Hib vaccine. The final dose in the series should be given at age ≥12 months.

4. Measles, mumps, and rubella vaccine (MMR). The second dose of MMR is recommended routinely at age 4 to 6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by the 11- to 12-year-old visit.

5. Varicella vaccine. Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox). Susceptible persons age ≥13 years should receive 2 doses, given at least 4 weeks apart.

6. Pneumococcal vaccine. The heptavalent **pneumococcal conjugate vaccine (PCV)** is recommended for all children age 2 to 23 months. It is also recommended for certain children age 24 to 59 months. The final dose in the series should be given at age ≥12 months. **Pneumococcal polysaccharide vaccine (PPV)** is recommended in addition to PCV for certain high-risk groups. See *MMWR* 2000;49(RR-9):1-38.

7. Hepatitis A vaccine. Hepatitis A vaccine is recommended for children and adolescents in selected states and regions and for certain high-risk groups; consult your local public health authority. Children and adolescents in these states, regions, and high-risk groups who have not been immunized against hepatitis A can begin the hepatitis A immunization series during any visit. The 2 doses in the series should be administered at least 6 months apart. See *MMWR* 1999;48(RR-12):1-37.

8. Influenza vaccine. Influenza vaccine is recommended annually for children age ≥6 months with certain risk factors (including but not limited to children with asthma, cardiac disease, sickle cell disease, human immunodeficiency virus infection, and diabetes; and household members of persons in high-risk groups [see *MMWR* 2003;52(RR-8):1-36]) and can be administered to all others wishing to obtain immunity. In addition, healthy children age 6 to 23 months are encouraged to receive influenza vaccine if feasible, because children in this age group are at substantially increased risk of influenza-related hospitalizations. For healthy persons age 5 to 49 years, the intranasally administered live-attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV). See *MMWR* 2003;52(RR-13):1-8. Children receiving TIV should be administered a dosage appropriate for their age (0.25 mL if age 6 to 35 months or 0.5 mL if age ≥3 years). Children age ≤8 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV).

For additional information about vaccines, including precautions and contraindications for immunization and vaccine shortages, please visit the National Immunization Program Web site at www.cdc.gov/nip/ or call the National Immunization Information Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).

Approved by the Advisory Committee on Immunization Practices (www.cdc.gov/nip/acip), the American Academy of Pediatrics (www.aap.org), and the American Academy of Family Physicians (www.aafp.org).

Free immunization brochures and materials order form

You can now order these materials online at http://hpclearinghouse.org

If you don't want to order online, complete this order form and fax it to (517) 699-2376. For information about specific orders that have already been placed, call the MDCH Clearinghouse toll-free at (888) 76-SHOTS. Any other questions should be directed to Rosemary Franklin at (517) 335-9485 or franklinr@michigan.gov.

Please enter quantity for each requested item. (Orders for brochures are limited to 500, unless otherwise stated. However, limits may also be lowered due to availability of supply.)

Quantity needed	Item requested
(Limit of 1 per office)	**Alliance for Immunization in Michigan (AIM) Provider Tool Kit, 2004** This packet contains up-to-date information for health care professionals who administer vaccines to their patients, including immunization schedules for children and adults, information about contraindications, administration, documentation, and storage and handling of vaccines. The materials in this kit are organized into four separate folders: Child/Adolescent Immunization, Adult Immunization, Talking to Families, and Vaccine Storage & Resources.
(Limit of 5,000 cards per office)	**Adult Immunization Record Card** It is recommended that you provide an adult immunization record card to all your adult patients when you administer vaccines.
Quantity needed	**Brochures**
	Antibiotics: What You Should Know
	If you have diabetes, getting a flu shot is a family affair
	What is West Nile Virus?
	Immunize Your Little Michigander
	Are you 11-19 years old? Then you need to be protected…
	Vaccine Safety – What parents need to know

Quantity needed	Brochures
	Immunizations – They're not just for kids. Are you protected?
	Hepatitis B: What Parents Need to Know (With special information for pregnant women)
	The Dangers of Hepatitis B: What they are, How to avoid them
	Hepatitis, What you need to know (This brochure discusses hepatitis A, B, and C)

Fax this form to the MDCH Clearinghouse at (517) 699-2376

Name: _____

Type of clinic/practice: ❑ Pediatric ❑ Family Practice ❑ Adult/Internal Med ❑ OB/GYN ❑ Specialty

Email address*: _____

Street address:** _____

City: _____ **State: MI**** **Zip code:** _____

Phone no.: (include area code) _____

*** Complete email address to receive immunization information updates.**

** Reminder: We cannot ship to P.O. boxes. ** Materials are available to Michigan residents only.

What is your preferred format for the AIM Kit? (check all that apply)

- ❑ Paper
- ❑ Internet (web site)
- ❑ CD

For more information or special requests, contact Rosemary Franklin at (517) 335-9485 or franklinr@michigan.gov

Revised February 2004

Michigan Department of Community Health
MDCH
Jennifer M. Granholm, Governor
Janet Olszewski, Director

PCV7 Shortage Recommendations* 3/2/04

All high risk-children with the following conditions should be fully vaccinated with a complete age appropriate series.

Sickle cell disease/other hemoglobinopathies
Chronic disease (i.e. cardiac and pulmonary disease, diabetes)
HIV and other immunocompromising conditions
Long-term systemic corticosteriod use
Have or will receive cochlear implants
Anatomic and functional asplenia
Cerebrospinal fluid leak
Immunosuppressive chemotherapy
Have undergone solid organ transplantation

Age at examination	Previous PCV7 vaccination history	Shortage regimen*
High risk children up to 59 months of age	Any incomplete schedule	Vaccinate with an age appropriate series
Healthy children 2-11 months of age	0 doses	2 doses, 2 months apart**
	1 dose	Administer 1 dose at least 2 months after previous dose**
	2 doses	None
Healthy children 12-23 months of age	0 doses	1 dose
	1 dose < 12 months of age	1 dose at least 2 months after previous dose
	1 dose ≥ 12 months of age	None
	2 or more doses	None
Healthy children 24-59 months of age	Any incomplete schedule	None

*Updated Recommendations of the Use of Pneumococcal Conjugate Vaccine: Suspension of the Recommendation for Third and Fourth Dose. MMWR Dispatch Vol. 53, March 2, 2004.
** Minimum interval between doses is four weeks

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MCIR champion receives award

In May 2003, Kristine Knoth, R.N., of Bon Secours Family Practice, received an award from the Southeastern Michigan Childhood Immunization Registry (SEMCIR) in recognition of the outstanding professional support she has given to the Michigan Childhood Immunization Registry (MCIR). Kris has earned the title of "MCIR Champion" by working tirelessly to bring her office, Bon Secours Family Practice, on board with MCIR. But did she stop there? No! She has also visited several other Bon Secours Family Practice sites, where she has demonstrated MCIR's capabilities and encouraged other sites to use MCIR. Kris has taken her role as MCIR champion seriously and has spent many hours in these sites, both loading immunization records into the registry as well as training the staff in each particular site to use the registry themselves.

Kris has been with Bon Secours Health Services since 1988. She spent her first three years at the hospital, where she was the assistant nurse manager of labor and delivery. She joined the Family Practice (FP) site in 1991. Her roles and responsibilities are many. Kris does triage, directs patient education, and acts as an important resource in the ongoing education of nurses, medical assistants and the FP residents. Kris is an excellent teacher, as her coworkers will attest. One of her favorite subjects to educate both coworkers and clients alike is in the area of immunizations. Kris has spent many hours learning MCIR and then spreading her knowledge to those who are fortunate enough to work with her. All of these FP sites are now using the web-based MCIR. The Michigan Department of Community Health's Immunization Program joins SEMCIR in recognizing Kris for her tenacious work to further the use of MCIR.

Kristine Knoth, R.N., has earned the title of MCIR Champion. The MDCH's Division of Communicable Disease and Immunization would like to join the Southeastern Michigan Childhood Immunization Registry (SEMCIR) in congratulating Kris for her dedication to improving children's health through the use of the Michigan Childhood Immunization Registry.